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ABSTRACT

This paper summarizes research in which the public health models of epidemiological assessment and primary prevention were used to (1) determine the prevalence of ethnic social segregation among school children in Toronto, Canada; and (2) alter ethnically segregated friendship patterns in Toronto schools. A preliminary study of children aged 12 to 14 years and belonging to Anglo majority or to Chinese or Italian minority groups, documented ethnic segregation as a fact of life for many Toronto school children. In a second study, an experimental group of sixth graders was divided into heterogeneous learning teams which worked cooperatively to complete assignments. Pre- and post-experiment measures were taken from a sociometric self report and an attitude to different others scale for the experimental group and a control group. Results indicated the positive effects of using small cooperative learning teams to increase cross ethnic friendship and to prevent racist behavior. (Author/MJL)

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DIAGNOSIS AND TREATMENT OF A COMMUNITY ILLNESS:

Primary Prevention of Racism in Ethnically Heterogenous Communities

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A B S T R A C T

Community Diagnosis and Treatment:
Ethnic Segregation in Integrated Schools

This paper summarizes an earlier study by the author which documented ethnic exclusivity in Anglo-, Italian-, and Chinese-Canadian school children and presents the results of an experiment designed to alter such friendship patterns. The experimental intervention consisted of dividing children into small, heterogeneous learning teams using cooperative strategies.

The success of the intervention, replicating results of similar experiments in other places, indicates that the essential components of a positive inter-ethnic contact situation exist in the naturalistic setting of ethnically mixed classrooms, and can be relatively easily exploited. Such interventions, relatively simple to implement and involving little cost, greatly decreases the risk that children will develop or maintain racist behaviours. Consequently, the cooperative small group learning technique can be viewed as a preventine effort.

DIAGNOSING AND TREATING A COMMUNITY ILLNESS:
PRIMARY PREVENTION OF RACISM IN ETHNICALLY HETEROGENOUS COMMUNITIES

INTRODUCTION: The Public Health model applied to social problems

In the last few years, the term "primary prevention" has become increasingly prevalent in applied social science. Originally a medical term, it is now applied to non-medical problems which are thought to be more economically prevented - if effective prevention is practiced-than cured. No doubt part of the reason such a vocabulary is popular is because social problems are often conceived of as structural, rather than individual in orgin, and thus the public health model of prevention at the community level is appealing. A social problem of this sort may occur with greater frequency in certain subparts of the society - a particular class or ethnic group, for example, or may pervade the whole of a society; but in either case, it is a supra - individual problem.

Determining whether a social problem exists; and if so, for whom it is most acute or chronic is similar to determining the rate of coronary disease or drug abuse. Both require an epidemeological study. Such a study will tell us who, if anyone, deserves priority because he/she/they are likely to be at highest risk. All preventive efforts, whether aimed at physical or social disease, must begin with such documentation of prevalence. Otherwise, one runs the risk of expending resources to cure a non-existent ill; or, of spending resources on a low-risk instead of a high-risk population. Another very fundamental reason for establishing incidence and rates of a problem, before seeking to prevent its continued occurance, is that one must have baseline frequency data against which to measure the success of one's preventive program.

When the particular problem under study is a social one, the community is, in a sense, the patient/client. One looks for solutions to unemployment, for example, at the level of the community. Possible cures might include bringing in new industries, lowering industrial tax rates, or creating new vocational training programs. Such efforts involve and affect a great many people, some

but not all of whom may be suffering from unemployment. If the programs are successful, it is not just an aggregate of currently resident, adult individuals but the community as a non-divisible unit which is strengthened - including non-members who may be attracted to move there, and children not yet old enough to be in the labour force.

For these latter groups, the prevention is indeed "primary". Thus, maintaining our metaphor, primary prevention of social problems begins with an epidemologic study to determine incidence rates and patterns, but may end with a solution which involves a whole community, not just the affected individuals. The obvious corollary in public health is universal immunization.

A CASE STUDY

Epidemeological Assessment

This model of epidemeological assessment can theoretically be applied to any social problem. The case we will present addresses the problem of racism indirectly, though one of its correlates: ethnic/racial segregation. While social segregation, such that individuals' friendship networks are ethnically homogenous, does not predict racism at the level of every individual, it is strongly correlated to racial intolerance (Williams, 1964, 1974).

Thus, if one uses ethnic homogeneity of friendship network to indicate individuals at high risk for the social disease of racism, one will certainly pick up a large number of "false positives" - individuals with ethnically homogenous networks who, untreated, would not develop racist attitudes and behaviour. False negatives, are, however, unlikely. People who number ethnically or racially different others among their close friends are unlikely to be racist in their attitudes or behaviour (Williams, 1964).

Whether false positives present a problem depends on (1) the nature of the treatment and (2) the cost of the treatment. If the treatment is benign, and without known negative side-effects, then there is no cost to individuals involved. If the treatment is very inexpensive, there is little added cost to

society. If both these criteria are fulfilled, then false positives are not an important problem.

In Toronto, the population is ethnically very diverse. Since 1950, immigrants have poured into Toronto from England, Italy, Greece, Portugal, the Caribbean, Hong Kong, Taiwan, India, Pakistan, Korea, the Phillipines and Latin America. Half the heads of household are born outside Canada; one in four children does not learn English as his first language.

Is racism a social problem here? Such few studies as exist indicate that it is, and that school children are by no means immune. (See Rosenstock & Adair, 1976, Elliston, 1977, Head, 1980.) Racism is clearly not unknown in Toronto. Ethnic segregation is also a strong factor in local demography. (See Richmond & Kalbach, 1980.)

In the case study we are describing, we did our own "epidemeologic study" to establish prevalence of ethnic social segregation in the population of interest: school-age children. (See Ziegler, 1980.) We chose children of majority (Anglo) and minority group (Chinese and Italian) membership, aged 12-14. We documented the fact that, in the four schools and three ethnic groups we looked at, more than half (53%) of the 153 boys and girls had no friends outside their own ethnic group. Clearly, ethnic social segregation is a fact of life for many school children in Toronto. We also found that this isolation is most prevalent in schools where one or two ethnic groups predominate. (See Figure 1) But even in very mixed schools, 45% of the children had no close friends outside their own group. (See Table 1) Since, according to the now-classical formulation by Allport (1954), intimacy of contact is an essential component if inter-ethnic contact situations are to have positive effects, we can posit that these children too, are at risk for racism.

The schools we used cover a wide expand of the urban area. If ethnic segregation is prevalent in them, we have good reason to suggest it exists in many, if not most other schools in Toronto.

Having documented the existence of our diagnostic factor, ethnic social segregation, the next step was to attempt a treatment which would prevent its development into the disease of racism. We are calling our prevention "primary" because most of these children would not yet qualify as racists. It is unlikely that any of them has been apprehended for being involved in racial conflict. None of them has yet had an opportunity to try to prevent a member of another ethnic group from buying a house on his street, or joining his labour union or fraternal association. Children, by age 12, have had many opportunities to make racist remarks, and no doubt many of them have exploited such opportunities. But the opportunity to instituionalize racism in their neighbourhoods, workplaces and clubs has not yet come their way. It is in this important sense that we can look upon preventive strategies at this age as primary: if succesful, they could prevent the institutionalization of racism in the social structure in the future.

Treatment

We (See Ziegler, 1981) chose classrooms in three pairs of schools. (These schools differed from those in which we did the "epidemeologic" study in being junior, not senior public schools. Thus, our subjects (in grade 6) were one to two years younger than those in the first study. But the schools were in proximate neighbourhoods to the first set, and were demographically similar.) Within each pair, schools were close together geographically, and were similar in ethnic and class composition. For example, in pair #1, school A was 62% working class, where head of household is a laborer; in School B, 67% were working class. In School A, children of Portuguese, Greek and Italian descent were 70% of the student body; in School B, they were 55%.

The ethnic breakdown of the sample, which included first and second generation Canadians, and third generation in the Anglo-group is:

Anglo-Canadian	44%	(64)
Italian-Canadian	14%	(21)
Chinese-Canadian	12%	(18)
Greek-Canadian	8%	(12)
West Indian-Canadian	8%	(11)
Other (total of five groups, varying from two to six per group)	14%	(20)

Teachers in the six classrooms volunteered to be in the experiment, and were randomly assigned (within each school-pair) to the experimental or control conition.

In the experimental classes, children were divided into "home teams" of four to six, depending on the number of children in the class. Using information provided by the teachers, we established the group membership so as to maximize heterogeneity by ethnicity, ability and sex. Children worked in these home teams one and one half class periods (about 80 minutes) per week. They also worked in "expert groups," which were somewhat but not as heterogeneous, about 40 minutes per week. The technique we used is essentially Aronson's (1978) Jigsaw method. The various cooperative strategies, whether called T-G-T (teams-games-tournaments), STAD (student teams achievement divisions), Jigsaw, Jigsaw II, or unnamed, have in common a few basic features:

1) Children are heterogenously grouped on variables of interest (race or ethnicity, ability, sex).

2) Team members are inter-dependent; each one's effort is required for the success of all;

3) Groups are small, typically between 4 and 6 people, to maximize inter-personal contact.

Each child shared the research work with members of his/her expert group, all working on the same assignment. Then on two subsequent days that week each child, meeting with his/her team members, taught them what he/she had learned and learned from them their assigned pieces. Weekly or bi-weekly quizes were held, and an individual student's mark was a composite of his/her individual score plus the average score for all members of his/her home team.

Results

Pupils in the experimental and control classes were given pencil-and-paper tests, on three occasions: the week before the experiment began (T^1), the week after it ended (T^2), and at the end of the school year, which was ten weeks later (T^3). The measures included a sociometric self-report and an attitude-to-different-others scale.

At T^1, the average number of other ethnic classmates named as friends was 5.1. Analysis of co-variance, controlling for differences at T^1, showed a significantly greater increase in casual, cross-ethnic friendship for the experimental over the control group at the end of the eight week experiment (T^2). ($F = 7.77$, $P < .006$). This differences was maintained ten weeks later, at T^3 ($F = 5.01$ $p < .027$). At T^3, the average number of casual cross-ethnic friendships was 5.4 in the control group and 7.2 in the experimental group. (See Table 2)

The close friendship items on the sociometric form showed far more ethnic exclusivity. At T^1, 88% of the children had no close cross-ethnic friends, and the average number of cross-ethnic friendships was .50. However, the children who learned in heterogenous teams also showed a significantly greater increase in close cross-ethnic friendships. By T^3, children in the control group named 1.4 close cross-ethnic friends, compared to 2.3 for the experimental group ($F = 6.13$, $p < .015$). (See Table 3)

On both casual and close cross-ethnic friendships, no other significant main effects or interactions occurred. (Other independent variables examined include sex, ability, and ethnicity.)

On the "Appreciation for Social Diversity" attitude questionnaire, results were weaker. Average score at T^1 was 43.8. At T^2, we found a significantly greater increase in positive attitudes for the experimental group ($F = 10.73$, $p < .001$). By T^3 however, the F ratio (1.89) was not statistically significant, although the experimental group still showed a higher mean score (45.0, compared to 43.4 in the control group). As our manipulation was behavioural, not attitudinal, it is not surprising that the effect on attitudes was weaker.

DISCUSSION

The positive results of this experiment in using small, cooperating learning teams to increase cross-ethnic friendship replicate virtually all similar experiments done over the last several years. (See Slavin, 1980, Williams, 1977).

Since 1973, when the Weigel et al article (1975) won the Gordon Allport Intergroup Relations Prize, a literature has accumulated which is strong and consistent in its basic finding that small group cooperative learning experiences have a significant, positive effect on inter-ethnic relations among the school-age population. As a result, appropriate teaching and learning strategies have been adapted by many (but not all) school districts, particularly in large American cities with histories of racial segregation and threatened or realized racial violence. Our study suggests that these same strategies are well advised even in locales, whether Canadian cities, Australian cities, or American or British suburbs, where inter-ethnic relations may be much less explosive, but equally or almost equally exclusionary.

Not only are such strategies effective; they are also cheap - than changing textboooks, or arranging special workshops for teachers and, since they have no perceived negative side effects, they satisfy our criteria for inexpensive safe, preventive efforts in which false positives are not cause for concern.

As for positives which are not false: the two essential components of the team learning experience are the heterogenous nature of the group and the interdependence of group members in pursuit of a common goal. Thus, if there is a side effect, it may be the acquired notion that children can learn from one another, no matter how different those others are. Surely that is not a bad lesson for schools anywhere to be teaching.

Figure 1: Friendly contact is positively related to ethnic diversity of school population.

Study I: Documenting ethnic segregation in schools

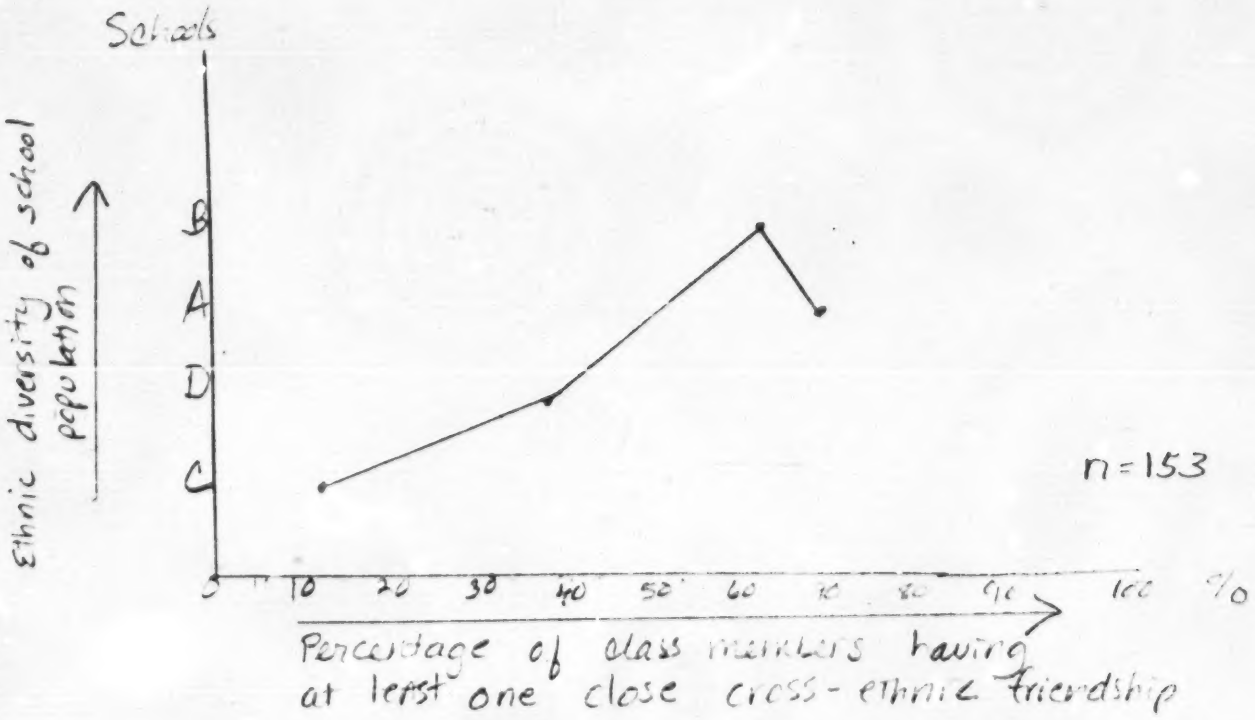

Table 1

(Study I)

Even in schools where children have some cross-ethnic friends, their friendship networks are characterized by ethnic encapsulation

Ethnic encapsulation, by school

	A	B	C	D
All friends are in own ethnic group	18.2% (8)	6.7% (3)	45% (14)	62% (13)
Most friends are in own ethnic group	40.9% (18)	33.3% (15)	36% (11)	5% (1)
Total	59.1% (26)	40.0% (18)	81% (25)	67% (14)

Table 2 Average number of casual cross-ethnic friendships by group.

Study II: Intervening to increase cross-ethnic friendship

	Experiment Group	Control Group
T^1 (pre-experiment)	5.4 (n=85)	4.8 (n=59)
T^2 (post-experiment)	6.8 (n=84)	4.7 *** (n=59)
T^3 (T^2 + 10 weeks)	7.2 (n=77)	5.4 * (n=55)

*** Significant difference at $<.001$ level

* Significant difference at $<.05$ level

Table 3 Average number of closse cross-ethnic friendships, by group

Study II

	Experiment Group	Control Group
T^1	.48 (n=84)	.53 (n=59)
T^2	.35 (n=84)	.75 ** (n=59)
T^3	2.3 (n=77)	1.4 ** (n=54)

** Significant difference at <.01 level

S U M M A R Y

This paper first summarizes an earlier study by the author which documented ethnic exclusivity in young adolescent school children. This study, essentially descriptive, was an ethnographic picture of children's friendship behaviour in four neighbourhoods. The 153 children, aged 12-14, were second-generation Chinese- and Italian-Canaidans, and second- or subsequent-generation Anglo-Canadians. This study was executed in 1978 and was reported at a symposium organized within Division 27 at the 1979 annual meeting of the American Psychological Association in New York.

The earlier study, documenting the relative rarity of close, inter-ethnic friendships among children of these age and ethnic groups, justified (and indeed demanded) an experimental attempt to alter such ethnic exclusivity. This assertation is based on evidence that close inter-ethnic friendships in childhood correlate positively with such friendships in adulthood and negatively with racial intolerance in adulthood.

The subsequent experimental study looked at slightly younger children (age 11-12) in three experimental and three control classrooms. The experiment consisted of an eight-week, 90-120 minute per week intervention in which children were divided into small, ethncially heterogeneous cooperative learning groups within their classrooms in which they learned and taught one another a social studies curriculm unit. The method was highly successful, as measured by a sociometric questionnaire, both immediately after the 8-week experiment was concluded, and again at the end of the school year ten weeks later.

Neither sex, ethnicity nor ability (as indicated by teacher ratings) showed significant main or interaction effects. Of these variables, the experimental treatment alone distinguished children whose reported inter-ethnic friendships increased significantly over the eight-week period and were sustained at the time of the follow-up

This paper thus presents a diagnostic and treatment-centered model as applied to a community-level problem: ethnic exclusivity and inter-ethnic intolerance. The treatment has the advantages of being economical and involving a minimal amount of disruption of normal activities. No special training is required for teachers or pupils beyond a brief, one-time explanation of cooperative learning strategies. Any curriculum can be learned cooperatively. The method has been well-tested and shown to be effective in a variety of communities. The diagnostic step (in this case, an ethnographic study) may not be required in communities similar to those already examined; or in regions where ethnic and racial intolerance is well-documented.

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